

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Taxable Earnings (from line 2).	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 0.000 %.	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest: 0.50% per month.	7	
8. Penalty: 50%.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2019

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE FEBRUARY 15, 2019**

MAKE CHECK OR MONEY ORDER TO:
 GEORGETOWN INCOME TAX BUREAU
 PO BOX 116
 GEORGETOWN OH 45121

Voice 937-378-6395 Ext 1001 Fax 937-378-4505

Name

And

Address

Period Ending JANUARY

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Taxable Earnings (from line 2).	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 0.000 %.	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest: 0.50% per month.	7	
8. Penalty: 50%.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2019

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE MARCH 15, 2019**

MAKE CHECK OR MONEY ORDER TO:
 GEORGETOWN INCOME TAX BUREAU
 PO BOX 116
 GEORGETOWN OH 45121

Voice 937-378-6395 Ext 1001 Fax 937-378-4505

Name

And

Address

Period Ending FEBRUARY

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Taxable Earnings (from line 2).	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 0.000 %.	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest: 0.50% per month.	7	
8. Penalty: 50%.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2019

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE APRIL 15, 2019**

MAKE CHECK OR MONEY ORDER TO:
 GEORGETOWN INCOME TAX BUREAU
 PO BOX 116
 GEORGETOWN OH 45121

Voice 937-378-6395 Ext 1001 Fax 937-378-4505

Name

And

Address

Period Ending MARCH

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Taxable Earnings (from line 2).	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 0.000 %	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest: 0.50% per month.	7	
8. Penalty: 50%.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2019

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE MAY 15, 2019**

MAKE CHECK OR MONEY ORDER TO:
 GEORGETOWN INCOME TAX BUREAU
 PO BOX 116
 GEORGETOWN OH 45121

Voice 937-378-6395 Ext 1001 Fax 937-378-4505

Name

And

Address

Period Ending APRIL

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Taxable Earnings (from line 2).	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 0.000 %	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest: 0.50% per month.	7	
8. Penalty: 50%.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2019

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE JUNE 15, 2019**

MAKE CHECK OR MONEY ORDER TO:
 GEORGETOWN INCOME TAX BUREAU
 PO BOX 116
 GEORGETOWN OH 45121

Voice 937-378-6395 Ext 1001 Fax 937-378-4505

Name

And

Address

Period Ending MAY

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Taxable Earnings (from line 2).	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 0.000 %	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest: 0.50% per month.	7	
8. Penalty: 50%.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2019

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE JULY 15, 2019**

MAKE CHECK OR MONEY ORDER TO:
 GEORGETOWN INCOME TAX BUREAU
 PO BOX 116
 GEORGETOWN OH 45121

Voice 937-378-6395 Ext 1001 Fax 937-378-4505

Name

And

Address

Period Ending JUNE

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Taxable Earnings (from line 2).	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 0.000 %	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest: 0.50% per month.	7	
8. Penalty: 50%.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2019

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____
Title _____ Date _____
Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE AUGUST 15, 2019**

MAKE CHECK OR MONEY ORDER TO:
GEORGETOWN INCOME TAX BUREAU
PO BOX 116
GEORGETOWN OH 45121

Voice 937-378-6395 Ext 1001 Fax 937-378-4505

Name

And

Address

Period Ending JULY

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Taxable Earnings (from line 2).	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 0.000 %	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest: 0.50% per month.	7	
8. Penalty: 50%.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2019

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____
Title _____ Date _____
Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE SEPTEMBER 15, 2019**

MAKE CHECK OR MONEY ORDER TO:
GEORGETOWN INCOME TAX BUREAU
PO BOX 116
GEORGETOWN OH 45121

Voice 937-378-6395 Ext 1001 Fax 937-378-4505

Name

And

Address

Period Ending AUGUST

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Taxable Earnings (from line 2).	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 0.000 %	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest: 0.50% per month.	7	
8. Penalty: 50%.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2019

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____
Title _____ Date _____
Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE OCTOBER 15, 2019**

MAKE CHECK OR MONEY ORDER TO:
GEORGETOWN INCOME TAX BUREAU
PO BOX 116
GEORGETOWN OH 45121

Voice 937-378-6395 Ext 1001 Fax 937-378-4505

Name

And

Address

Period Ending SEPTEMBER

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	2	
3. Taxable Earnings (from line 2)	3	
4. Taxable Earnings (line 2 minus 3)	4	
5. Actual Tax Withheld at 0.000 %	5	
6. Adjustments of Tax for Prior Period	6	
7. Interest: 0.50% per month	7	
8. Penalty: 50%	8	
9. Total (Include Interest and Penalty if Due)	9	

Name
 And
 Address

Tax Year 2019

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____
 Title _____ Date _____
 Phone # _____

**THIS RETURN MUST BE FILED ON
 OR BEFORE NOVEMBER 15, 2019**

MAKE CHECK OR MONEY ORDER TO:
 GEORGETOWN INCOME TAX BUREAU
 PO BOX 116
 GEORGETOWN OH 45121

Voice 937-378-6395 Ext 1001 Fax 937-378-4505

Period Ending OCTOBER

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	2	
3. Taxable Earnings (from line 2)	3	
4. Taxable Earnings (line 2 minus 3)	4	
5. Actual Tax Withheld at 0.000 %	5	
6. Adjustments of Tax for Prior Period	6	
7. Interest: 0.50% per month	7	
8. Penalty: 50%	8	
9. Total (Include Interest and Penalty if Due)	9	

Name
 And
 Address

Tax Year 2019

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____
 Title _____ Date _____
 Phone # _____

**THIS RETURN MUST BE FILED ON
 OR BEFORE DECEMBER 15, 2019**

MAKE CHECK OR MONEY ORDER TO:
 GEORGETOWN INCOME TAX BUREAU
 PO BOX 116
 GEORGETOWN OH 45121

Voice 937-378-6395 Ext 1001 Fax 937-378-4505

Period Ending NOVEMBER

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	2	
3. Taxable Earnings (from line 2)	3	
4. Taxable Earnings (line 2 minus 3)	4	
5. Actual Tax Withheld at 0.000 %	5	
6. Adjustments of Tax for Prior Period	6	
7. Interest: 0.50% per month	7	
8. Penalty: 50%	8	
9. Total (Include Interest and Penalty if Due)	9	

Name
 And
 Address

Tax Year 2019

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____
 Title _____ Date _____
 Phone # _____

**THIS RETURN MUST BE FILED ON
 OR BEFORE JANUARY 15, 2020**

MAKE CHECK OR MONEY ORDER TO:
 GEORGETOWN INCOME TAX BUREAU
 PO BOX 116
 GEORGETOWN OH 45121

Voice 937-378-6395 Ext 1001 Fax 937-378-4505

Period Ending DECEMBER

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.